

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99300 Office of Registrar of Vital Statistics. Ward 17^{1/2}

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry Chester.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 7 Years, Ten Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give Street and Number. } 1132 Clarksons ally.

Cause of Death, { First (Primary), Second (Immediate), } Bronchitis

Duration of Last Sickness, Two Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Quind Cemetery

Date of Burial, April 18 1887

Undertaker, Geo. Ross M. Lake Hooper M. D. Medical Attendant.

Place of Business, 1000 Broadway Address, 631 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 99301 Office of Registrar of Vital Statistics. Ward 2¹²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
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CERTIFICATE OF DEATH.

Date of Death, April 17 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Schalen

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 2 Months, 8 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 615 S. Butler St

Cause of Death, { First (Primary), Second (Immediate), } Phthisis

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, St Vincent ches

Date of Burial, April 18 1887

{ Undertaker, Frank Coach } { M. D. } { Medical Attendant. }

{ Place of Business, 827 N. Durham } Address, 403 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 99302 Office of Registrar of Vital Statistics. Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 17th, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Madelin

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 2 Months, Days.

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Bath. Ind.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } St. Vincent's Asylum

Cause of Death, { First (Primary), Second (Immediate), } Marasmus
Ex

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, New Bath & Cemetery

Date of Burial, April 18, 1887

{ Undertaker, John Masterson } J. F. Lamery M. D.

{ Place of Business, Division A } Address, 1701 Dr. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 99303

Office of Registrar of Vital Statistics.

Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, Apr 17th 1887

Full Name of Deceased, Michel Dwyer
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female { Cross out the word not required in this line. }

Age, 78 Years, _____ Months, _____ Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, Ireland
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Don't know

Place of Death, Dist. Little Sisters Con
{ Give Street and Number. }

Cause of Death, General debility
{ First (Primary), Second (Immediate). }

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, St Patrick am

Date of Burial, April 18th 1887

Undertaker, W. Blothkamp & Co.

Place of Business, 1709 E Lombard St

Address, _____

Dr. Burke Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Board of Health, City of Baltimore.

Permit No. 99304 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 18 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs. A. Addison

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 41 Years, Months, Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Teacher

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 161 Hanover St

Cause of Death, { First (Primary), Phthisis Pulmonalis
Second (Immediate), Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Ch

Date of Burial, April 19th 1884

Undertaker, John S. Meacher

Place of Business, No 150 Camden Address, 144 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. *99305*

Office of Registrar of Vital Statistics.

Ward *8th*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April 17th 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Glenn Hacc Billingsley*

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *3* Years, *11* Months, *21* Days.

Color, *White*

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, *✓*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Baltimore*

Duration of Residence in the City of Baltimore, *✓*

Place of Death, { Give Street and Number. } *16 E. Townsend St. (Old No.)*

Cause of Death, { First (Primary), Second (Immediate), } *Burn*
Exhaustion

Duration of Last Sickness, *Two days*

All the above information should be furnished by the Physician.

Place of Burial, *London Park Cemetery*

Date of Burial, *April 19th 1887*

Undertaker, *Denny & Mitchell* *J. C. Atkinson* M. D.

Medical Attendant.

Place of Business, *550 W Fayette* Address, *605 Cathedral St*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 99306

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 16th 1887

Full Name of Deceased, Emma E. Segar -

Sex, Male or Female, Female

Age, 44 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, Single

Occupation,

Birthplace, Pa

Duration of Residence in the City of Baltimore, 19 years

Place of Death, 216 N. Gilman St.

Cause of Death, Pulmonary Consumption
Scurvy

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Hampton, Pa.

Date of Burial, April 18th 1887 Samuel Johnston M. D.
Medical Attendant.

Undertaker, Denny & Ritchie

Place of Business, 550 W. Fayette St. Address 204 N. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 99307 Office of Registrar of Vital Statistics.

Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 16, 1887

Full Name of Deceased, Fred Meiers
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 62 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, House Wiper

Birth Place, Germany
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, _____

Place of Death, 813, Lemon, St.
{ Give Street and Number. }

Cause of Death, Inflammation of Kidneys
& bowels
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Landonpark Cem

Date of Burial, April 18th 1887

{ Undertaker, Julius Kachler Medical Attendant, J. G. Luthman M. D.

{ Place of Business, Spaspe Cross Address, _____

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 99308 Office of Registrar of Vital Statistics. Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
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CERTIFICATE OF DEATH.

Date of Death, April 16 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 Years, 2 Months, 2 Days.

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} ✓

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} #1037 N. Castle Street

Cause of Death, {First (Primary), Second (Immediate),} Dysentery
Eclampsia

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 19 1887

{ Undertaker, William Duges } J. J. Meatenet M. D.
Medical Attendant.

{ Place of Business, 150 East M Address, 1429 N. Gay St. }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Permit No. 99309 Office of Registrar of Vital Statistics. Ward 20

penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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